



Family-to-Family Health Information Center's

2012 Partners in Care Summit



"Together We Can" submitted by A. Jordan of Madison, AL

April 16: Family Leadership Development

April 17: Family/Professional Workshop

Marriott Legends at Capitol Hill in Prattville, AL

www.familyvoicesal.org

877-771-3862 or 251-635-9178

Schedule of Events

April 16, Mon. ~ Family Leadership Development

(for family members only, pre-registration required)

1 – 1:30 p.m.	Registration
1:30 – 2:45 p.m.	Leadership Challenge
3:15 – 4:30 p.m.	Finding Your Voice & Telling Your Story
4:45 – 6:00 p.m.	Developing Networks & Working with Policymakers

Dinner on your own: time to network with old and new friends.

April 17, Tue. ~ Family/Professional Workshop

Join us for engaging dialog and educational sessions.

7:30 – 8:30 a.m.	Exhibitor set up
8:30- 9 a.m.	Registration / exhibits
9 - 9:15 a.m.	Welcome
9:15 - 10:30 a.m.	Health Care Legislation that Impacts You
10:45 a.m. – 12 p.m.	What the Affordable Care Act & Other Financing Options Mean to Families
12 – 1:15 p.m.	Medical Home Projects in AL (lunch provided)
1:30 - 2:45 p.m.	Transition to Adult Health Care
2:45 – 3 p.m.	Closing

Participants in the Summit will:

- Strengthen networks with other families and care professionals
- Discuss current challenges to developing quality systems of care for CYSHCN (child/youth with special health care needs) & their families in Alabama
- Develop strategies to strengthen partnerships between families and professionals, ultimately leading to improved outcomes for CYSHCN
- Gain skills and learn strategies to enhance leadership within organizations and communities

Registration fees to attend are low - just \$15 per person for family members of CYSHCN and \$20 for professionals. Pay & register online or mail with check to "Family Voices of AL."

Funding for this event provided by the Health Resources and Services Administration (HRSA)/Maternal and Child Health Bureau (MCHB)/Division of Services for Children with Special Health Needs (DSCSHN), grant #H84 MC 12901, AND gold sponsorship of Oxford Health Care.



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Summit Registration Form



First name _____ Last name _____
Organization/Agency name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Cell _____
E-mail _____

Check all boxes that describe you and your needs.

- ☐ I am a parent/guardian/family member of a child/youth with special health care needs (provide age of child/youth _____). **Include your \$15 registration fee or pay online.**
- ☐ I am a health care professional or service provider to child/youth with special health care needs or disabilities. **Include your \$20 registration fee or pay online.**
- ☐ I will be applying for CEU credit for ☐ nurse ☐ social worker ☐ CRC
- ☐ I will need a certificate of attendance.

To ensure access for all participants, please identify all reasonable accommodations you will require (include any food allergies): _____

For family members only

- ☐ I will be requesting reimbursement for travel expenses and/or assistance with child care costs while I attend the Summit. *Reimbursement funding is limited. Maximum payment amounts have been set. Call with questions.*
- ☐ I live outside the conference area and request a scholarship to cover my half of a hotel room because this payment would create a financial hardship for my family. I will attend all sessions Monday and Tuesday. *Scholarship funding is limited and will be given on a first-come, first-serve basis. We are offering only one hotel scholarship per family and planning for two participants per room.*
- ☐ I desire a private room. *If you desire a private room, your payment for half of the cost of the hotel room must be received by Family Voices of Alabama no later than April 2 to hold your private room.*
- ☐ I request room sharing with (first name) _____
(last name) _____ (phone #) _____
***** **You will be assigned a roommate if you do not specify a preference.** *****

Completed applications must include the full conference fee. Make checks payable to "**Family Voices of AL**". Mail to:

Family Voices of AL at 1520 Hallwood Lane, Montgomery, AL 36117.

The application deadline is **March 30** if you are a family member asking to stay overnight. All other applications the deadline is **April 9**.

Questions? Please call 1-877-771-3862 or 251-635-9178.



Return mail to:

1520 Hallwood Lane, Montgomery, AL 36117

Web: www.familyvoicesal.org



PARTNERS
in Care

Summit 2012